

## LifeSet Youth Individual Interview

### Protocol for LifeSet Youth Interview

**Hello and thank you for joining today.** We would like to invite you to participate in an interview that will last about 60 minutes. We are going to discuss various topics today and are excited to hear your perspectives, ideas, and experiences. This interview is part of the Young Adult Services Study (YASS) and we are interested in learning more about your experience in the LifeSet program and the role LifeSet has had in your life. We will use this information to better understand the services young adults leaving foster care receive in New Jersey.

As a reminder, your participation in this interview is voluntary. You can choose not to answer any question or not participate in the interview at all. There will be no consequences to you if you choose not to participate. We will keep the information you provide private and will not share it with anyone except for research staff working on the study. Additionally, federal law states that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this data collection is 0970-0577 and the expiration date is XX/XX/XXXX.

### Background

***I'd like to start today by telling you a bit about who we are and then learning a little bit about you.***

[Research team briefly introduces themselves, giving name, position, and time at Urban]

1. Can you please tell me your preferred name and pronouns?
2. How old are you?
3. When did you participate in the LifeSet program?
4. How long have you received services from the Division of Child Protection and Permanency (DCP&P)?

### Experience with LifeSet Services

***Now I will ask you some questions about your experience in the LifeSet program.***

5. What was your first meeting with the LifeSet program like?
  - a. [Probes] Who did you meet with? How long was this meeting? What happened during this meeting?
6. What was the assessment process like?
  - a. [Probe] How long did the assessments take (was it short or long)? How many were done?
  - b. [Probe] How did the assessment process make you feel? For example, did you feel comfortable, listened to, upset, annoyed, triggered?
  - c. Do you think the assessment process helped your Specialist get to know you, your goals, and your strengths? Why do you say that?
7. What supports or services did you receive through the LifeSet program?
  - a. [Probes if needed] Did LifeSet help you with
    - i. housing such as referrals for housing assistance, searching and applying for apartments, advice on handling landlord issues
    - ii. education or training such as help enrolling in classes or completing forms, career advice, referrals for GED or tutoring help, help obtaining financial aid, campus visits

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- iii. finding or keeping a job, such as advice on handling workplace conflicts, searching and applying for jobs, resume writing, work or interview clothing
    - iv. parenting and childcare such as help getting diapers or other baby supplies, parenting advice, finding or paying for daycare
    - v. other needs like food, clothing, medical care, and so on
8. Did the LifeSet program help you receive services for mental health or substance abuse?
  - a. [If yes] What kind of help for mental health or substance abuse did you receive from the program? [Probes if needed: referrals for treatment or services, help finding a therapist or counselor, help with using health insurance or paying for medications]
9. Are there any services LifeSet offered that you didn't use?
  - a. [If yes] What were they and why didn't you use them?
10. What type of hands-on help did your specialist provide?
  - a. For example, did they provide transportation to appointments, help filling out forms or applications, help with grocery or clothes shopping, mock job interviews, or similar activities?
11. What did you have to do to stay in the LifeSet program?
  - a. [Probes] attend weekly meetings, stay in contact, complete safety plan, work on your goals?
  - b. Do you think these expectations are reasonable? Why do you say that?
12. Did you ever stop or leave LifeSet before finishing the program? If so, why?
  - a. [If yes] What did LifeSet staff do when you left? Did they leave you alone, did they reach out?
  - b. [if applicable] Did you re-start the program? Why did you re-start the program? What role did your specialist play in getting you back in the program?
13. How would you describe your relationship with your LifeSet specialist?
  - a. For example, did you feel like you could trust them? Did you feel like they respected you and your ability to make decisions about your life? How important was that to you?
  - b. [if applicable] Why didn't you feel like you could trust them? Is there anything they could have done to earn your trust?

### Supportive Relationships

***Next, I'd like to talk about the people you would consider your support system. We have heard that one goal of the LifeSet program is to help participants build relationships with supportive adults. We'd like to learn more about how the program may, or may not, do this.***

14. First, how would you define what a supportive adult is? For example, who can be a supportive adult and what do they do?
  - a. [If needed] Can it be a service provider, a friend, coworker, family member? Is a supportive adult different from a caseworker or other service provider?
15. How would you describe your support system? For instance, do you have enough people you can depend on when you need help? Who are they and what things do they help you with?
  - a. Do you feel your support system will stick with you into the future?
  - b. [Probe if needed] Are they family, friends, or other types of people?
  - c. In what ways have the people in your support system supported you? (e.g., connect you to services, be a listening ear or provide advice for any life challenges)
16. In what ways did LifeSet help you build relationships with supportive adults?
  - a. [Examples if needed] Did LifeSet provide support in managing relationships with friends, roommates, or coworkers? Did LifeSet connect you to your community, if you wanted?

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For example, churches or religious institutions, sports leagues, hobby clubs, volunteerism, activism.

- b. [If not mentioned] Did they help you improve relationships or reconnect with family members or past caregivers? Tell me more about that [probes: with who, how, was it helpful].
17. What could LifeSet have done differently to help you build relationships with supportive adults?
  - a. [If needed] Did they focus on referring you to professionals or connecting to friends and family? Were they supportive of reconnecting to family members?

### Experience with Other Services

***Next, I want to briefly discuss your experience with services or programs you may have received before, during, or after LifeSet. This will include support you received from DCP&P and your DCP&P caseworker. We're interested in the other services or programs you may have received to help you prepare to leave DCP&P services. Some examples may be life skills, PACES, or housing programs but there could be others.***

18. How often are you in contact with your DCP&P caseworker? Are these contacts mostly in person or virtual (such as text, video, phone call)?
19. How would you describe your relationship with your DCP&P caseworker(s)?
  - a. For example, did you feel like you could trust them? Did you feel like they respected you and your ability to make decisions about your life? How important was that to you?
  - b. [if applicable] Why didn't you feel like you could trust them? Is there anything they could have done to earn your trust?
20. What services or programs were you receiving before you started LifeSet? Can you briefly describe those services or programs?
  - a. Did you continue or stay in these programs while you were in LifeSet? If so, which ones?
21. What services or programs, if any, did you receive after you finished LifeSet?
  - a. Were these services or programs meant to prepare you for aging out of DCP&P services? Can you briefly describe those services or programs?
22. How is LifeSet different from other services or programs you have received?
  - a. [If needed] For instance, was LifeSet more or less helpful or better or worse than other services or programs? Can you give an example?

### Reflection

***The last few questions are about your overall thoughts on LifeSet and your thoughts about the future.***

23. During your time in LifeSet what, if anything, do you think the program could have done differently to assist you?
  - a. Can you think of any other services or programs that could have been helpful?
24. Imagine you didn't receive LifeSet, how do you think your life would be different?
  - a. Do you think LifeSet gave you the skills you need to be successful in the future?
25. How confident do you feel in moving forward as an adult, after your services with DCP&P end [if exited DCP&P: since your services with DCP&P ended]?
26. We've covered a lot of ground on challenges, but there are positive experiences with becoming an adult, too. Looking back over the last year, what accomplishment(s) are you proudest of?
  - a. [If needed] Accomplishments may be things like getting a diploma or certificate, getting a job, managing intense emotions like anger, learning to cook, getting a driver's license, or similar things.

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### Closing

Thank you so much for your time today, it is much appreciated.

Is there anything that I didn't ask that you think is important for us to know?

Do you have any final questions for me about the study, or about the research team?

*The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the programs and services provided to young adults who are currently or were previously in foster care. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0577, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Pergamit at*